

STATE OF SOUTH DAKOTA
OFFICE OF PROCUREMENT MANAGEMENT
523 EAST CAPITOL AVENUE
PIERRE, SOUTH DAKOTA 57501-3182

Prior Authorization Review Staff Augmentation
Vendor Questions and Responses

PROPOSALS ARE DUE NO LATER THAN June 11, 2021 at 5:00 CST

RFP 2374

BUYER: Department of Social Services,
Division of Medical Services

POC: Dawson Lewis
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What is the business driver(s)/need for these services? Volume of prior authorization requests exceeds our current capacity.
Is there an existing provider in place and if so, are they bidding or being exclude from the bid and if so, why? No, there is not an existing provider in place.
Where are the Regional Offices located and can the RNs be in any location or at the DMS office in Pierre? RNs can be in any location.
Can the RNs be at virtual sites as well? Yes
This RFP is asking to accept, process and adjudicate 200 prior authorizations request per month out of 1000 typically processed. Will this volume fluctuate on a month-to-month basis and if so, what is a typical pattern, and will the maximum be capped at 200? Yes, volume fluctuates and 200 represent the anticipated average. The pattern depends on the type of service being authorized. For example, children's services may pick up a little more in the summer when school is out. There may also be seasonal patterns or decreases around the holidays for certain elective services. Some fluctuations may be more random based on recipient need and workflow from providers. Ideally the maximum would not be capped. That option can be considered if needed, however, for consistency we would prefer that a vendor handle certain prior authorization types/services in their entirety.
Is there any pending legislation either State or Federal that may impact this service? No
You state a projected start date of July 1, 2021, when will the actual start date be confirmed? After the contract is awarded (June 25th or sooner), we will be in touch with the chosen vendor to get a contract in place and discuss any system or training issues that need to be addressed in order to finalize a start date.

Is there a set of standard processes and procedures that you adhere to and expect to be followed and if, so may we obtain a copy? Expected processes and procedures will be communicated at project kickoff and may vary by review type. Basic steps will be documented.
Section 4.12 - Although it's not required per the RFP to propose a system, will the Department grant access to the existing system(s) where prior authorization reviews are conducted? Yes, as needed.
Section 4.12 – If the offeror does not propose a system and plans to utilize state hosted systems (if allowed), will the offeror still be required to fill out and submit Attachment D? No
Section 3.0 states, "The State is most interested in prior authorization professional services that can leverage the facility and telecommunication infrastructure of the existing clinical review operation. This should be reflected in the services and costs proposed."
With this statement, is the State suggesting that they prefer a vendor with an existing facility/infrastructure supported project team? Yes
Are there specific categories of Prior Authorizations that would be included in this contract? The specific category or service for this contract will depend on the contractor's experience and expertise and State needs which may vary over time. Please visit the prior authorization manual here https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Prior%20Authorization%20Manual.pdf for a full list of all services requiring prior authorization
What age group of Medicaid recipients would be included in this Scope of Work? All ages, depending on service type.
What Prior Authorization requests need to be sent to the State Medical Director for review? DSS Nurse Consultants utilize the State Medical Director/Physician Consultant for medically complex, borderline, or unique cases according to their clinical judgement. It is expected that the vendor would utilize their own physician consultants and expertise. Cases requiring policy or management direction can be elevated to the state contact as needed.
Are there specific data points or measures that the contractor is required to collect to meet the needs of the State? Data points would include volume and the number of approvals and denials as well as date received, date completed, days awaiting additional information, staff time spent completing the review and name or identifier of the staff who completed the review.
Who does the contractor notify of a Prior Authorization decision and via what format: State staff, providers, facilities, individual patients and/or families? The contractor will notify the requesting and referring providers. The provider will also notify the individual recipient when a denial is issued or if the service is scheduled out-of-state. This notification can be through a contractor's secure system/portal, secure email, fax, or mail.
Is the State Mainframe to be used to complete the Authorizations? Responses should include the contractor's proposed method or options for completing authorizations. The State Mainframe can be one of those options.

Will the contractor be expected to upload prior authorization information into File Director? Responses should include the contractor's proposed method or options for storing authorization information. File Director can be one of those options.

In what format, will the contractor receive prior authorization requests – by email, phone, fax, or secure email? Responses should include the contractor's proposed method or options for receiving authorization requests from providers. Prior authorization requests and documentation should be received in writing.

Can you elaborate on what it means to “leverage the facility and telecommunication infrastructure of the existing clinical review operation”? The state may prefer responses that include an established vendor operation that can be applied to this prior authorization work.

Section 4.10 states the minimum turnaround time to which offerors must be able to commit is 10 business days. Does this mean that offerors must complete reviews in 10 days or less? Yes, the offeror must review and respond within 10 business days. If the response is a request for additional information, then the 10 days starts over when that new information is received for review.